

RECORD OF PROCEEDINGS
AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

JUN 24 1998

IN THE MATTER OF:

DOCKET NUMBER: 97-01109

[REDACTED]
[REDACTED]

[REDACTED]

HEARING DESIRED: YES

APPLICANT REQUESTS THAT:

1. He be returned to flight status.
2. His medical records be amended to include a current differential diagnosis on AXIS I of Adjustment Disorder - Resolved; and, on AXIS II - No Diagnosis.

APPLICANT CONTENDS THAT:

He is the victim of inconsistent, inappropriate and contradictory psychiatric evaluations which have stripped him of his flying status and demeaned him professionally and personally. Counsel for the applicant states that it is important background to understand that applicant always has been an outstanding performer as evidenced by the Officer Performance Reports (OPRs). These OPRs include the time period of the [REDACTED] Air Force Base's (AFB) psychiatric evaluations and show no diminution in performance during this period. In December 1995 applicant returned to [REDACTED] AFB, [REDACTED] for a third time. In this diagnosis applicant was found to have "AXIS I: Adjustment disorder with depressed mood. Partner relational problem. Occupational problem." AXIS II: "Personality disorder, not otherwise specified with narcissistic and dependent traits." Never had there been a diagnosis of personality disorder by any provider at any time. This diagnosis comes from a clinical psychologist who used only the MMPI-2 test as a basis for the diagnosis and this does not meet even the most rudimentary standard of care requirements. Counsel states that the ever shifting series of diagnoses, none of which shows significant pathology, has only one purpose and that is to deny applicant flight status, not because he has a current problem, but because he was perceived to have had a problem.

In support of applicant's appeal, counsel submits copies of OPRs and medical documentation.

Applicant's submission is attached at Exhibit A.

STATEMENT OF FACTS:

Applicant is currently serving on extended active in the grade of captain.

Applicant was commissioned a second lieutenant in the Regular Air Force on 1 June 1988 and attended Undergraduate Pilot Training (UPT) from 1 June 1988 through 27 July 1989.

Applicant's OPR profile is as follows:

<u>PERIOD ENDING</u>	<u>OVERALL EVALUATION</u>	
3 May 90 (C-9A Pilot)	Meets Standards	
13 Dec 90	Meets Standards	
1 Jun 91	Meets Standards	
1 Jun 92	Meets Standards	
1 Jun 93	Meets Standards	
19 May 94 (Acft Cmdr)	Meets Standards	
19 May 95 (Asst. Chief Current Ops)	Meets Standards	
19 May 96 (Current Ops Flt Ofcr)	Meets Standards	--
31 Jan 97 (Asst Flt Cmdr, Fld Trng Flt)	Meets Standards	

Available records reflect that applicant was assigned duty as a C-9A Aircraft Commander, Aeromed Airlift Squadron effective 11 April 1993. He was initially referred to the Mental Health Clinic in June 1993 which was secondary to an incident involving a medical flight crew member in December 1992. It appears that he had a verbal altercation with a nurse at Andrews AFB, Maryland in which the nurse apparently filed a complaint against the applicant.

Applicant has had psychiatric evaluations/psychotherapy since he was grounded from flying duties in 1993. He was seen at [REDACTED] AFB, [REDACTED] on three occasions seeking reinstatement of flying status and has been denied. In the latest evaluation, dated 3 January 1996, it was recommended that he not be returned to flying at this time. The Chief, Aerospace Clinical Psychology Function, Neuropsychiatry Branch also stated that he did not believe applicant is ready to effectively manage the interpersonal demands and stresses of the flight line much less the possible scrutiny and testing that might accompany his return to the cockpit. The Chief, Neuropsychiatry Branch approved the recommendation.

Applicant, on 12 February 1996, requested that the results of the evaluation, between 11-15 December 1995, be overturned. On

11 March 1996, The Air Force Medical Operations Agency, Office of the Surgeon General, [REDACTED] AFB, [REDACTED] states that the medical examination of applicant is certified medically disqualified for Flying Duty Class 11.

AIR FORCE EVALUATION:

The AFBCMR Medical Consultant, Medical Advisor SAF Personnel Council, stated that applicant has had frequent psychiatric evaluations/psychotherapy since his grounding in 1993 following incidents of temper outbursts and a couple of unsafe flying episodes in which he "wanted to see what it (a C-9A Nightingale) would do." He has been seen at [REDACTED] AFB, [REDACTED] on three occasions seeking reinstatement of flying status and has been denied each time, the latest in December 1995. Psychological evaluation at that time was thorough and, in contrast to applicant's (counsel's) statement, a complete battery of tests were used (not just the MMPI-2 he claims) to further strengthen the working diagnoses. In February 1996 applicant submitted an appeal to the Air Force Surgeon General which was denied and the denial was upheld by the Chief of Staff and Secretary of the Air Force in November 1996. He bases his current application on what he perceives as an inconsistent characterization of his psychiatric diagnoses. However, the Axis I diagnosis-- of Adjustment Disorder with mixed emotional features has been quite consistently recorded over the course of his treatment as has the Axis II impression of narcissistic personality traits.

Review of available records shows that applicant has had extensive therapy and valid interval evaluations over the last four years. Competent medical authority has found him unsuited to return to the flying environment at this time. It is not the function of this office to overturn valid medical opinion or the considered opinion of offices dealing with waiver requests unless there is error or injustice found in such opinions. In this case no such error or injustice is found. The BCMR Medical Consultant is of the opinion that no change in the records is warranted and the application should be denied.

A copy of the Air Force evaluation is attached at Exhibit C.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION:

A copy of the Air Force evaluation was forwarded to the applicant's counsel on 8 September 1997 for review and response within 30 days. Counsel responded on 19 May 1998 and attached a letter, dated 27 April 1998 from the 92 Medical Group/SGOMH, Chief Psychologist, [REDACTED] Air Force Base, [REDACTED] to the Federal Air Surgeon with regard to conflicting diagnoses in the applicant's case.

Counsel's response, with attachment, is attached at Exhibit E.

~~THE BOARD CONCLUDES THAT:~~

1. The applicant has exhausted all remedies provided by existing law or regulations.
 2. The application was timely filed.
 3. Insufficient relevant evidence has been presented to demonstrate the existence of probable error or injustice. After a thorough review of the evidence of record and applicant's submission, we are not persuaded that he should be returned to flight status or, that his medical records be amended to include a current differential diagnosis on AXIS I of Adjustment Disorder - Resolved and, on AXIS II - No Diagnosis. His contentions are duly noted; however, we do not find these uncorroborated assertions, in and by themselves, sufficiently persuasive to override the rationale provided by the Air Force. As stated by the BCMR Medical Consultant, the applicant's psychological evaluations were thorough and a complete battery of tests were used, not just MMPI-2 as the applicant claims. The Axis I diagnosis of Adjustment Disorder with mixed emotional features has been consistently recorded over the course of treatment as has the Axis II impression of narcissistic personality traits. He also stated that applicant submitted an appeal to the Air Force Surgeon General in February 1996 which was denied and upheld by the Chief of Staff and Secretary of the Air Force in November 1996. We therefore agree with the recommendations of the Air Force and adopt the rationale expressed as the basis for our decision that the applicant has failed to sustain his burden that he has suffered either an error or an injustice. ~~Therefore~~ we find no compelling basis to recommend granting the relief sought.
 4. The documentation provided with this case was sufficient to give the Board a clear understanding of the issues involved and a personal appearance, with or without counsel, would not have materially added to that understanding. Therefore, the request for a hearing is not favorably considered.
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THE BOARD DETERMINES THAT:

The applicant be notified that the evidence presented did not demonstrate the existence of probable material error or injustice; that the application was denied without a personal appearance; and that the application will only be reconsidered

upon the submission of newly discovered relevant evidence not considered with this application.

The following members of the Board considered this application in Executive Session on 12 May 1998 and 11 June 1998, under the provisions of AFI 36-2603.

Mr. Thomas S. Markiewicz, Panel Chair
Mr. Richard A. Peterson, Member
Mr. Loren S. Perlstein, Member

The following documentary evidence was considered:

- Exhibit A. DD Form 149, dated 16 Apr 97, w/atchs.
- Exhibit B. Applicant's Master Personnel Records.
- Exhibit C. Letter, Chief Medical Consultant, AFBCMR, dated 12 Aug 97.
- Exhibit D. Letter, AFBCMR, dated 8 Sep 97.
- Exhibit E. Counsel's Letter, dated 19 May 98, w/atrch.


THOMAS S. MARKIEWICZ
Panel Chair